



## CONTINUUM OF CARE REFORM UPDATE: FEBRUARY 2017

*“All children deserve to live with a committed, nurturing and permanent family that prepares youth for a successful transition into adulthood.”*

The Continuum of Care Reform (CCR) draws together a series of existing and new reforms to our child welfare services program and was designed based on the understanding that children who must live apart from their biological parents do best when they are cared for in committed and nurturing family homes.

### IMPLEMENTATION PROGRESS AND GUIDANCE TO STAKEHOLDERS

#### THE CHILD AND FAMILY TEAMING PROCESS

CDSS and DHCS are writing a second CFT FAQ letter, which provides answers to frequently asked questions submitted by counties since the release of All County Letter 16-84 (October 2016). Questions and answers cover a range of Child and Family Team (CFT) topics, including but not limited to, meeting timing and frequency, team roles, team-based case planning, and information sharing and confidentiality. Anticipated release is Spring 2017.

CDSS is leading a project with Child and Family Team specialists to develop a State approved Child and Family Team curriculum that has fidelity to the Core Practice Model. The CFT workgroup comprised, of CDSS representatives and CFT specialists, will meet regularly in 2017 to develop and refine curriculum.

Three different brochures are being developed within CDSS to inform youth, parents, and professionals about the CFT process. All three brochures align with CFT requirements and guidelines and will provide guidance specific to the needs of each group. These brochures will be posted to the state departments' web sites and will also be published and disseminated statewide. CDSS will work closely with youth partners at the Youth Engagement Project, Parent Partners, and other stakeholders throughout this process.

In partnership with the Resource Center for Family-Focused Practice at UC Davis, CDSS will conduct 11 trainings statewide, delivering CFT orientation trainings to social workers, probation officers, behavioral health staff, and educators. CDSS will partner with DHCS, youth and families, child welfare, probation, and behavioral health staff to deliver these trainings. These trainings will include the historical context of Wraparound, Pathways to Well-Being, and the CCR as well as the requirements in CCR, including the purpose, target population, timelines, CFT roles, specific components, and other elements identified in statute. These trainings are scheduled in March, April, and May of 2017.

In partnership with the Resource Center for Family-Focused Practice at UC Davis, CDSS will deliver Child and Family Team Overview trainings to counties upon county request. These trainings are intended to reach probation, child welfare, and behavioral health staff who already have experience and knowledge of teaming processes. These trainings are county-specific and will be scheduled throughout 2017.

#### ASSESSMENT TOOLS

- TOP is being piloted in five counties: Los Angeles (Child Welfare and Probation), Tuolumne (CW), San Diego (CW), Fresno (CW), and Merced (Mental Health). CANS is being piloted in three counties: San Francisco, Shasta, and Humboldt.
- The department has reviewed the proposals received for the evaluation of the TOP and CANS assessment tools, and will be finalizing the contract negotiations by the end of February. A four-month evaluation is scheduled to begin in March and will be completed by the end of June.
- As of 2/11/17, 570 youth have received TOP evaluations and 1,971 TOPs have been completed (average of 3.5 respondents per child).
- Merced Behavioral Health has joined the TOP pilot and has begun registering clients and performing assessments.

## LEVEL OF CARE PROTOCOL

- The Foster Care Audits and Rates Bureau is continuing to work with Stakeholders in developing a Level of Care (LOC) Protocol Tool designed to assist rate determinations and placement decisions. Counties will be able to pair the LOC tool with their existing assessment tool(s).
- [ACL 17-11](#) was released on January 31, 2017 that provided updated information about the new Home-Based Foster Care and STRTP rate structures and to describe Phase II rate implementation.

## RESOURCE FAMILY APPROVAL (RFA)

- Version 4 of the Written Directives and Version 2.1 of the Interim Licensing Standards were released in January. Version 4.1 of the Written Directives and Version 2.2 of the Interim Licensing Standards are projected to be released in March, both of which will provide some necessary clarifying language.
- A Provider Information Notice (PIN) #17-03-CRP regarding the conversion process for existing families was released on February 16, 2017. ACL 17-16 on the same topic has been released to counties.
- The RFA team has completed four out of five annual reviews of the five Cohort 1 counties (with the fifth being completed by the end of February). This was the second round of reviews for Cohort 1. Yolo County completed and four more tentatively scheduled through May. Randomly generated sample case lists for each county have recently been used. The random samples have yielded a majority of cases reviewed belonging to relatives with placements of children. This is a positive indicator that relatives are being considered at the forefront in the RFA process.
- CWS/CMS instructions for entering application and approval information have been posted to the RFA website.
- An ACIN will be developed to inform counties about the survey process for all families who complete the RFA process regardless of the outcome of their application.
- ACL 16-110 was posted in December regarding the Due Process. ACLs/ACINs providing additional information, such as the LAARS system and background checks related to RFA are in development.
- The RFA team is still participating in regional meetings across the state to prepare for implementation. The meetings have changed to quarterly instead of monthly.
- The RFA team had its first statewide Technical Assistance call on February 15<sup>th</sup>, 2017 with approximately 50 participants. The purpose of the call was to address frequently asked questions and give counties an opportunity to ask additional clarifying questions. The calls will continue every two weeks.
- An ACIN regarding types of Technical Assistance that CDSS will provide to the counties is anticipated to be released in March.
- Application data will be included in the next update. More time is needed after statewide implementation to allow for counties to enter data and have enough days passed for approval. Note relative placement data in the next section.

## RFA Survey Results

Once a family has completed the RFA process resulting in either approval, denial or a withdrawal, the county has been asked to send the department the family's email address or provide them with a paper copy of the survey to mail in. Counties provide email address to the department on a quarterly basis and the families are emailed a unique link to the survey via Survey Monkey.

Since the department began offering an incentive for the RFA survey in August 2017, we have received 76 surveys. This is an increase in the number of surveys received prior to the incentive. The survey results are only reflective of early implementing counties. The statewide survey will not launch until late Spring.

Of the 76 respondents the majority (80%) had been approved. Only 2 had been denied and 13 had withdrawn from the process. The majority (76%) of respondents started the process to care for a child they already knew. Note: surveys have only been received from families in 6 of the 13 counties. Not all counties are providing emails to the department.

Breakdown of surveys received by county:

**Total number of responses: 76**

Butte	4%
Kings	42%
Madera	0
Monterey	0
Orange	17%
San Francisco	0
San Joaquin	0
San Luis Obispo	29%
Santa Barbara	0
Santa Clara	0
Stanislaus	5%
Ventura	3%
Yolo	0

Generally, respondents were satisfied with the RFA process. Respondents were asked seven questions related to their experience going through the process and asked to rate their agreement with the statement on a scale of 1-6. Strongly disagree was rated 1 and strongly agree was rated 6.

The area most respondents were dissatisfied with was the length of the RFA process. Thirty percent of respondents agreed or strongly agreed that “based on information I was told by staff, the RFA process took longer than expected.” However, only nine percent rated the RFA process as difficult. Additionally, 64% agreed or strongly agreed they would recommend the RFA process to other people who wanted to be caregivers. Even though respondents were most dissatisfied with the length of the process, the willingness to recommend the process to others indicates that they have an understanding or respect for the value of the process. It is possibly that more communication at the start of the process could help to mitigate dissatisfaction in that area.

About two-thirds of respondents agreed or strongly agreed that the orientation prepared them for the RFA process. An additional 12% somewhat agreed. In regards to pre-approval training, 58% of respondents agreed or strongly agreed that the training helped prepare them to care for children. An additional 14% felt that the training somewhat prepared them.

Respondents rated county RFA staff the highest in the area of being treated with respect with 78% agreeing or strongly agreeing. County RFA staff were similarly rated high (73%) for “clearly stating what needed to be done to continue” the process.

### **RFA Relative Placements**

There has been concern reported from advocates that the increased requirements of the RFA process compared to the old relative approval process could result in a loss of relative placements. There has been anecdotal evidence from county case reviews that this is not happening. With the recent changes made to CWS/CMS to include the Resource Family Home facility type we are able to identify relative placements within Resources Families. This does not include Non-Related Extended Family Members (NREFM) placements as those are unable to be identified in CWS/CMS. The next release will include a status to identify a caregiver as a NREFM.

The chart below shows that approximately 70% of the children placed in Resource Family Homes on the corresponding date are placed with relatives. This data primarily consists of the early implementing counties and only county foster homes (not foster family agencies) and is not yet available on the California Child Welfare Indicators Project Website.

SCP Relationship	October 1, 2014		October 1, 2015		October 1, 2016	
	Child Welfare	Probation	Child Welfare	Probation	Child Welfare	Probation
RFA Relative	79	0	391	0	1,024	3
RFA Non-Relative	33	0	176	1	475	0

## FOSTER PARENT RECRUITMENT RETENTION AND SUPPORT

Counties have found a variety of ways to support current and potential caregivers using the Foster Parent Recruitment Retention and Support (FPPRS) funding. The following examples have been provided by the counties that describe the creative uses of FPPRS funding:

### Butte County:

#### **Respite and Childcare Services:**

Butte County Department of Employment and Social Services (DESS) and the Butte County Probation Department enhanced their Resource Family Approval (RFA) Respite and added additional childcare. FPPRS funding allowed Butte County to accomplish the following:

- The total numbers of respite care hours were increased from 48 hours to 72 per month for each County Resource Family Home. This increase allowed for caregivers to attend more training, support groups, and permitted them to take time for self-care. We recognize that sometimes people who spend their time only taking care of others can be at risk for getting burned out on all the giving, which makes it more difficult to care for others.
- From July 1, 2016 to February 2017, 4,500 hours of respite were used.
- Butte County (DESS) partnered with Kidspark, a local daycare that provides hourly childcare during working hours, evenings, and weekends. Kidspark provided childcare to all children in potential County Resource Family Homes and Emergent County Resource Family Placements, allowing caregivers to attend orientation, required trainings and support groups. By providing childcare to all children in the caregiver's home, there was a higher attendance rate in trainings.

#### **Success Story**

- An Options for Recovery (OFR) licensed caregiver, needed to have emergency surgery and was not able to care for her medically fragile foster child, for at least 72 hours. She feared that she would lose placement and turned to her County Worker for help. Due to the increase of monthly respite hours, the caregiver was able to send the child to a familiar and qualified respite home, giving her peace of mind.

#### **Kinship Supportive Services Program (KSSP) & Family Finding and Engagement (FFE) Services:**

Butte County (DESS) currently contracts with Lilliput Families to provide Kinship Supportive Services and Family Finding and Engagement Services. Lilliput Families began providing services in January 2016, since that time they received 67 KSSP referrals and 15 FFE referrals. Lilliput provides exceptional support to County Resource Family Homes. For Instance, during the mandatory Oroville Dam Evacuation, Lilliput staff attempted to contact all of the families they serve affected by the evacuation order. They helped several of those families find emergency shelter, provided immediate resources and opened their office to provide games, crafts, and activities for children to ease the stress of the situation.

#### **Success Stories**

- Lilliput staff was able to locate cousins in Texas (who were unknown to Butte County), for two children ages 7 and 9. The children were in a foster home that did not wish to seek permanency. The foster mother had been very supportive of the children having relative contact. After collaborating with the County Social Worker, the FFE Social Worker arranged for the cousins to begin visiting via telephone and then Skype; Skype was facilitated every other week by Lilliput. The cousins got to know the children and introduced them to their home and their cat. The cousins recently were able to travel to California to meet the children. During their visit, the family ate together, played miniature golf and spent quality time together facilitating a potential permanent relative connection.
- The KSSP Social Worker was working with a single father, who took placement of his three nieces. Due to the changes in his home, the father's long-term girlfriend ended the relationship and moved out. The father continued to be committed to keeping his nieces. With the support of the KSSP Social Worker, the father implemented regular game nights, he engaged in education and delegation of age appropriate chores, teaching responsibility, and enrolled the children in therapy and sports.

### **Exceptional Child Wellbeing Activities**

Butte County (DESS) provided tangible supports to RFA families in order to support normalcy of foster youth with extracurricular activities to alleviate trauma. Such activities included: summer camps, dance lessons, karate classes, piano lessons, gymnastics, football, cheerleading, driving school, and fencing lessons.

### **Immediate Care Needs**

Butte County (DESS) and the Butte County Probation Department successfully provided immediate care needs for youth entering foster care, which included; beds, bedding, car seats, strollers, clothing, diapers, safety items for the home, etc., which helped eliminate barriers for caregivers.

#### El Dorado County:

We have dedicated a good portion of the FPPRS funding to our Hub Home Model. This model involves a dedicated seasoned foster parent who has taken on the role of mentor to several surrounding foster parents, most of whom are relatively new. The foster parent provides monthly trainings, necessary supplies such as clothing or cribs and endless mentorship and emotional support to the families in her "hub". She has a passion for working closely with bio parents toward reunification and works diligently toward breaking down the stigmas associated with birth parents and empowering caregivers to partner with them as well. We are working on expanding this model so that all of our caregivers will eventually be members of their own "hub". Initially, the hub home provided support and mentorship to six homes in her surrounding area. She believes she could support 12 homes at any given time so we are considering the expansion at this time.

#### Kings County:

Kings County has been providing caregivers with up front resources to help mitigate costs of relative placement, particularly for large sibling groups. Without it, they would not have been able to take kids or would have struggled to meet some basic needs until their first foster care payment came. This has allowed for relative placements that might have not otherwise happened. FPPRS funding certainly bridged the gap. Here are two specific examples:

One relative was willing and able to accept placement of a sibling group of five, FPPRS funds were used for support to purchase beds, and provide money for soap, shampoo, toothpaste, laundry detergent, toilet paper and other hygiene products. This placement was done on an emergency basis at the time of detention. The funds enabled the whole sibling group to be placed together with a relative. The bio parents are incarcerated in Federal Prison, this will end up being a permanent home for these children.

Another relative was willing to accept a sibling group of four. The kids were initially placed with strangers and had to be split up and were not doing well in foster care. The relative came forward, he resides in Alameda County. A Family meeting held, it was determined that the placement would be in the best interest of the children. The one snag was an

unfenced pool, one of the children was under the age of 10. The county paid for the pool cover (using FPPRS funds) which allowed the children to be placed with the relative where they did much better than in the unrelated placement. The parent ended up reunifying with the children.

#### Madera County

The following has been implemented with our FPPRS Funds:

**Resource Family Mentors** – The department is contracting with two licensed foster parents to provide mentor services to all resource families working through the approval process as well as those families that have completed the process. The mentors attend the weekly orientations held at the department to introduce themselves to the attendees and discuss the role they play as mentors. All families are provided with the cell phone number and email address, which the county provided to the mentors so they can contact them directly and not have to go through the department. They both attend in-house RFA meetings to discuss rollout and give the perspective of the foster parent. Currently, the mentors are working towards identifying if a monthly meeting with the families would be beneficial to discuss respite needs, investigations the families may be dealing with and any other topics the families deem necessary.

**Internet Marketing** – The department is contracting with JP Marketing to provide an online recruitment campaign, this is something the department was lacking prior to receiving FPPRS Funds. We have had numerous attendees at our weekly orientation site who have indicated the internet ad is what brought them to the orientation. There has been a significant increase in the amount of traffic the internet ads have received since they were implemented.

**Family Finding Team** – The FPPRS Funds were utilized to add a SW IV and OA III position to form a family finding team; they work together and with our line staff social workers to take the next steps in locating relatives for possible placement of Madera County children. The team works with every new detention and has begun working on cases that are approaching their 12 month reviews.

**Training** – The FPPRS Funds have also been utilized to contract with Fresno State University to provide monthly CPR/First Aid training at no charge to our families, whether they need their initial certification or they need to renew their certification. In addition to the monthly CPR/First Aid training there are also monthly trauma informed trainings provided to our families at no charge. The trainings are held at the department and childcare is provided to those in attendance.

Madera County had 35 recruited licensed foster homes in 2015 when the FPPRS Funds became available; the department now has 103 recruited RFA homes. Madera became an RFA early implementer in March 2016.

#### Mariposa County:

Last fiscal year one of the activities we used our FPPRS money on was to provide an 8 week parenting program for all care providers in the county. This was contracted to our CASA and they also provided childcare and dinner. 8 care providers and 20 children participated in this program and at the end of it they requested a support group to continue to discuss the challenges and triumphs of being a foster parent. We use our PSSF funds to provide this support group. Mariposa County is grossly lacking foster parents and this has helped us to support and keep the ones we have.

#### Mono County:

##### **Resource Family Supports**

Due to the high cost of living and the high seasonal cost to heat homes in Mono County, a need arose for utility costs assistance for a resource family as there were no available funds through other community services. Another unplanned need that arose and solved was dental treatments that were not covered by Medi-Cal. Another activity also included assistance with home repairs to bring a resource family's new home up to safe conditions.

The support provided through FPPRs helped to retain and support two current resource families, as follows: improved the safety of a new home; provided financial stabilization to assist a family in maintaining their residence so that they could

continue to care for their foster children; and, provided support for educational and cultural activities for a resource family who has Native American children placed in their home.

FPPRs funds were used to purchase a ski stroller for a foster parent: as a single-parent, this allowed her to maintain an important life activity (getting outdoors) while bringing her foster child with her and exposing the child to a unique and healthy activity.

One of the Resource Families had a pipe break that flooded and damaged the flooring in their home. These funds helped to assist in the cost of repairs so that their children could safely remain in their home and avoid a change in placement.

### **Initial Placement Resources**

This activities funding was used to help prepare two resource family homes to meet the requirements of household furniture for foster children and safety items. Both families were on track to meet the requirements for their home inspections in August 2016. These funds helped to pay for caregiver physicals, live scan fees and a fire extinguisher for a NREFM family so that they could retain the foster children placed in their home.

Another need suggested by an existing licensed home was to provide a lending library to foster parents that included educational toys and books for children of many ages so that these items could be checked out as needed instead of stored at the resource family home, therefore freeing up limited space in the homes. Storage cabinets, toys and books were purchased with the funds and have already been accessed by a resource family enabling them to provide more enriched care for their foster child. The lending library we created will also be used to store bedding, clothing, and other items that are age- or gender-specific. This increases the capacity and readiness of each individual foster home to be prepared to receive a child of any age and gender. Given the small number of children in out-of-home placements in Mono, it is not affordable or practical for each foster home to purchase and store such a broad range of supplies, as many would not get utilized.

The support provided through this activity helped to retain and support two current resource families and recruit two families who are in the application process by improving the safety of their homes and to meet the licensing requirements. When these two new families are approved this will bring two newly recruited resource homes to Mono County bringing our total licensed homes to four from two. Often, Mono County places children in homes out of county, so this increase in foster homes will help to provide more stable placements, placements that will allow children to maintain better relationships and have more frequent visitations with their family.

### Orange County:

The County of Orange is beginning to see the benefits of its recruitment efforts as community interest, particularly of relative caregivers, has resulted in more families attending various Resource Family outreach and trainings. Of particular interest is the County's Trauma Informed Practice (TIP) training which saw an overall 30% increase in attendance for the time period as July through December 2016 compared to the previous period. The County is encouraged to see the number of Relative Caregivers attending the TIP training increase from 137 to 329 during the aforementioned time periods. The training has been so well received that it will be offered monthly where before it was offered bimonthly. Staff has reported the feedback from relatives has been positive with much appreciation of the training assisting caregivers become better prepared to help the child through their journey. A grandparent commented to staff that he was encouraged by seeing other grandparents and relatives attend the training and share their concerns and experience. The comradery helped him better realize he is not alone.

Relative caregivers and non-relative extended family members (NREFFM) are the beneficiaries of 1<sup>st</sup> year trial memberships to the Foster Care Auxiliary of Orange County (FCAOC). Feedback has been very positive as these new members have been able to partake of the many FCAOC benefits from family events such as the Holiday Party to the upcoming Spring Festival, to the Saturday Free Bakery events which provides a variety of bread and pastry goodies for families, to the once a month distribution for members of free bedding, toys and household items. Membership also includes the ability for children to participate in the FCAOC FunDays and in home tutoring. The County is considering expanding the trial membership program to all resource families, including recruited families in the near future for the

benefit of all families and the children they care for as well as for developing connections among families and maximizing the usage of available resources.

San Francisco:

Example of one strategy that is working well for San Francisco, the County has entered into a partnership with a startup, Binti, Inc., launching a new website ([sfcaresforkids.org](http://sfcaresforkids.org)) that helps us recruit not only resource families but other types of volunteers such as CASAs. Our FFA and adoption agency partners also utilize the site. The site is linked to a portal that resource families can use to complete nearly all of their RFA paperwork online, with digital signatures and uploaded images from their phone or computer. Since the portal went live approximately 4 weeks ago, more than 10 families from the community have begun the online process. They have been able to complete their paperwork quickly and efficiently. And this is prior to our implementation of the next step – a comprehensive communications strategy to drive interested users to the site.

Stanislaus County:

Here are a few examples of how funding has been used:

1. Assisted relative to pay for fencing materials for the pool area to maintain placement. In addition to maintaining placement, it provides a safe environment for autistic child and helps stabilize the placement with a relative (someone familiar to the child).
2. Assisted the relative caregiver to pay for the child's involvement in a two week educational program to enhance the child's cognitive reasoning and thinking skills. It stabilized the placement and enhanced the child's well-being.
3. For a 14 year child who has been in multiple placements - the current family is able to connect and developed a good relationship with the child. Child is interested to attend an after school activities martial arts class that the caregiver would like to support for the child's well-being. The caregiver could not afford the cost of this class. The funding to pay for this class helped to stabilize and support the placement and the child's behavior has improved.

Yolo County:

Purchased or provided for our Resource Families:

- Pool fences, window/door alarms (due to pool), Bunk beds (for sibling placement), Cribs/toddler beds, car seats,
- Day-to-day items for caring for children- diapers, wipes, formula, clothing, shoes,
- Gift cards to purchase food and clothing items,
- Gas cards for travel to/from visitation or school-of-origin or to maintain sibling contact,
- Daycare so the Resource families can work,
- CPR/First Aid,
- Health screening cost,
- Family Finding efforts,
- RFA Liaison to support RFA applicants and approved homes,
- Spanish-speaker Pre-Approval training,
- FKCE Recruitment of RFA homes,

We have also supported FKCE as they provide monthly Pre-Approval training so family complete training within 30 days as well as providing Resource binders for RFA families.

We have also used the funding to support children/youth and their extracurricular activities.

## **CAPACITY TO PROVIDE MENTAL HEALTH SERVICES**

## IMPLEMENTATION PREPARATION

CDSS and DHCS have committed to work together to develop a “road map” for accessing needed Specialty Mental Health Services through county Mental Health Plans, and non-specialty services through Managed Care Plans or the Fee For Service system by early December that clarifies the system in words child welfare and probation systems understand. The Department of Health Care Services has recently posted information regarding the Medi-Cal Mental Health Services Referral Process to their [website](http://www.dhcs.ca.gov/services/Pages/Medi-CalMentalHealthServicesReferralProcesses.aspx):

<http://www.dhcs.ca.gov/services/Pages/Medi-CalMentalHealthServicesReferralProcesses.aspx>

The four documents available on the website is attached at the end of this report.

Additionally, DHCS has released for stakeholder feedback the Mental Health Program Approval Protocol which incorporates the Medi-Cal certification for Specialty Mental Health Services. STRTPs will have 12 months following licensure to complete the Mental Health Program Approval.

A joint ACL regarding TFC implementation is anticipated later this month, and the Medi-Cal manual will be updated shortly thereafter. Additional information regarding mental health related implementation of CCR is provided as a separate handout for this update.

## MENTAL HEALTH SERVICES

The following chart displays the receipt of at least one SMHS for children placed in Group Homes. This is based on matched data from CDSS and DHCS.

Number of Children in Foster Care Group Homes\* Receiving a Specialty Mental Health Service by Rate Classification Level During State Fiscal Year 2014-2015 Statewide

SFY 2014-15 Rate Classification Level	Frequency	Percent
0	17	0.3
5	2	0.1
6	27	0.4
7	6	0.1
8	95	1.4
9	243	3.6
10	721	10.8
11	594	8.9
12	4,002	59.9
14	560	8.4
Unknown	413	6.2
Total	6,680	100.0

\*Based on the child's placement as of the last date of receiving a Specialty Mental Health Service.

The following inserted report starting on the following page was prepared by the Child Welfare Data Analysis Bureau in the Research Services Branch at CDSS.

## Quarterly Report on Mental Health Services Utilization for Children/Youth in the Child Welfare System

Reporting Period: July 1, 2014 to June 30, 2015

Produced in January 2017

### Section I: Background

To inform efforts to improve mental health service delivery to children in the Child Welfare System (CWS), the California Department of Social Services (CDSS) is working with the Department of Health Care Services (DHCS) to produce reports on Specialty Mental Health Services (SMHS) utilization on a quarterly basis. DHCS currently uses matched data from the CDSS Child Welfare Services/Case Management System (CWS/CMS) and the DHCS Short-Doyle Medi-Cal (SDMC) claiming system. The SDMC and CWS/CMS are used to produce annual [Performance Outcomes System \(POS\) reports](#) summarizing SMHS Medi-Cal claims data for children in the CWS.<sup>1</sup> CDSS' quarterly reports will not only increase reporting frequency using the matched data, but will also expand upon DHCS' POS reports to include additional relevant information (e.g., CDSS' race/ethnicity data, more granular age groupings, SMHS utilization by length of time in the CWS system, concurrent psychotropic medication and SMHS utilization). The mental health services data in this report include only SMHS paid claims. Thus utilization rates do not reflect mental health services received through other programs such as school based counseling, Mental Health Services Act programs, and other grant funded services.

### Section II: Methodology

This is CDSS' first quarterly report and provides SMHS utilization for: 1) children with an open child welfare case; and 2) the subset of children with an open child welfare case in foster care (those who resided in out-of-home care during the time period). Data in this report were extracted from the MIS/DSS data warehouse on October 17, 2016, and reflect SMHS utilization for these two groups that occurred from July 1, 2014 to June 30, 2015.<sup>2</sup> Throughout this report, "penetration rates," defined as one or more SMHS, and "engagement rates," defined as five or more SMHS, are provided to reflect SMHS utilization for the various subgroups.<sup>3</sup> Penetration rates are calculated by obtaining the percent of the total number of children that received a SMHS.

### Section III: Overall SMHS Utilization

#### *SMHS Utilization by Population Groupings*

Table 1 shows that during this period, 135,823 children had an open child welfare case. Of these children, **41.7 percent** (56,612) had one or more SMHS claim. Of the 135,823 children with an open child welfare case, 88,187 were in foster care at some point during the report period. Of these children in foster care, **47.2 percent** (41,667) had one or more SMHS claims during their time in foster care.

**Table 1: Specialty Mental Health Service Utilization – State Fiscal Year (SFY) 2014-15<sup>1</sup>**

	Unique Count of Children	Children with One or More SMHS	Percent
<b>Children with Open Cases</b>	135,823	56,612	41.7%
<b>Children in Foster Care</b>	88,187	41,667	47.2%

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

<sup>1</sup> SDMC data are extracted from the DHCS Medi-Cal Management Information System/Decision Support System (MIS/DSS). The most recent POS report includes data extracted on August 3, 2016, for State Fiscal Years (SFY) 2011-2012 through 2014-2015.

<sup>2</sup> These data do not include non-SMHS provided through non-EPSTD-funded school services, grant-funded, or Mental Health Services Act funded services. This report only reflects SMHS paid claims data (i.e., SDMC claim codes and California Medicaid Management Information System Fee-for-Service Inpatient codes).

<sup>3</sup> The definitions for "penetration" and "engagement" were established by DHCS with feedback from subject matter experts who have contributed to the development of the DHCS Performance Outcomes System.

## Section IV: Children/Youth with an Open Child Welfare Case - SMHS Utilization

This section presents SMHS data on the overall population of children with an open child welfare case during the SFY 2014-2015.

### *Children/Youth with an Open Child Welfare Case: Penetration Rates and Engagement by Age Groups*

Table 2 presents SMHS data for children by age group. This table includes an additional age breakout compared to POS reports – 0-5 year olds was split into 0-2 and 3-5 year olds. This additional group was added to reflect clinical practice patterns that initiate psychotherapy at age 3. While some SMHS may be provided prior to age 3, many treatments begin at age 3. Thus, the additional breakout was included to illustrate the increase in access to care that begins at age 3.

Table 2 shows that children/youth between the ages of 12 and 17 had the highest penetration rate for having one or more days of SMHS claims (57.3 percent) while children age 0-2 had the lowest penetration rate (20.3 percent). Of the 56,612 children who had a claim for SMHS, **73.5 percent** (41,635) had **five or more** days of SMHS claims.

**Table 2: Specialty Mental Health Services by Age Group for Children in an Open Child Welfare Case – SFY 2014-15<sup>1</sup>**

Child Age <sup>2</sup>	Total # of Children	Percent by Age	Children with 1+ Days of SMHS	Percent by Age	Penetration Rate	Children with 5+ Days of SMHS	Percent by Age	Engagement Rate
0-2	27,317	20.1%	5,535	9.8%	20.3%	2,735	6.6%	10.0%
3-5	23,482	17.3%	8,567	15.1%	36.5%	5,700	13.7%	24.3%
6-11	37,107	27.3%	18,754	33.1%	50.5%	14,139	34.0%	38.1%
12-17	34,419	25.3%	19,710	34.8%	57.3%	15,804	38.0%	45.9%
18-20	13,498	9.9%	4,046	7.2%	30.0%	3,257	7.8%	24.1%
<b>Total</b>	<b>135,823</b>	<b>100%</b>	<b>56,612</b>	<b>100%</b>	<b>41.7%</b>	<b>41,635</b>	<b>100%</b>	<b>30.7%</b>

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

<sup>2</sup> Child age was calculated as of the last date of service for those with a SMHS claim, and as of the latest Medi-Cal eligibility month for those without a SMHS claim. Non-SMHS provided through non-EPSTD-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

### *Children/Youth with an Open Child Welfare Case: Penetration Rates and Engagement by CDSS Race/Ethnicity*

As illustrated in Table 3 below, the percentage of children who had one or more days of SMHS claims did not differ greatly by ethnicity. A slightly higher proportion of Black and Latino children received services: 44.9 percent of Black and 39.8 percent of Latino children in the CWS received services. A lower proportion of Native American and Asian children received services (35.3 percent of Native American children in the CWS received services and 37.9 percent of Asian children in the CWS received services). Forty-one percent of White children had one or more days of SMHS claims during the time period. Differences must be interpreted with caution as statistical tests were not conducted to determine whether these differences reflect true population differences or random statistical variation.

Note: The race/ethnicity estimates below differ from those in the POS reports due to differences in collection methods for race/ethnicity used by CDSS as compared to DHCS.

**Table 3: Specialty Mental Health Services by Race/Ethnicity for Children in an Open Child Welfare Case – SFY 2014-15<sup>1</sup>**

Race/ Ethnicity <sup>2</sup>	Total # of Children	Percent by Race/ Ethnicity	Children with 1+ Days of SMHS	Percent by Race/ Ethnicity	Penetration Rate	Children with 5+ Days of SMHS	Percent by Race/ Ethnicity	Engagement Rate
Black	26,574	19.6%	11,928	21.1%	44.9%	9,099	21.9%	34.2%
White	28,087	20.7%	11,191	19.8%	39.8%	8,276	19.9%	29.5%
Latino/ Hispanic	75,933	55.9%	31,634	55.9%	41.7%	22,911	55.0%	30.2%
Asian	3,301	2.4%	1,251	2.2%	37.9%	922	2.2%	27.9%
Native American	1,512	1.1%	533	0.9%	35.3%	375	0.9%	24.8%
Missing	416	0.3%	75	0.1%	18.0%	52	0.1%	12.5%
<b>Total</b>	<b>135,823</b>	<b>100%</b>	<b>56,612</b>	<b>100%</b>	<b>41.8%</b>	<b>41,583</b>	<b>100%</b>	<b>30.7%</b>

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

<sup>2</sup> Race/Ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

Non-SMHS provided through non-EPSTD-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

### **Children/Youth with an Open Child Welfare Case: SMHS Utilization by Type of Service**

According to claims data, 97.0 percent of the 56,612 children who received SMHS received a Mental Health Services service type. A large percentage of children received Case Management services (41.7 percent) and Medication Support Services (23.9 percent; see Table 4).

**Table 4: Specialty Mental Health Service by Type for Children in an Open Child Welfare Case – SFY 2014-15<sup>1</sup>**

SMHS Types <sup>2</sup>	# of Children with an Open Case with One or More SMHS <sup>3</sup> (56,612)	% of Children with One or More SMHS
Mental Health Services (MHS)	54,920	97.0%
Case Management	23,630	41.7%
Medication Support	13,531	23.9%
Intensive Case Coordination (ICC)	9,132	16.1%
Intensive Home Based Services	7,005	12.4%
Crisis Intervention	3,526	6.2%
Therapeutic Behavioral Services (TBS)	3,023	5.3%
Inpatient	2,071	3.7%
Crisis Stabilization	1,878	3.3%
Day Rehabilitation	768	1.4%
Day Treatment	393	0.7%
Psychiatric Health Facility (PHF)	144	0.3%
Crisis Residential	61	0.1%
Adult Residential	12	0.0%

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

<sup>2</sup> For description of SMHS Types see the [Medi-Cal SMHS Supplement Document](#).

<sup>3</sup> Child count is unduplicated within each service type but may be duplicated across service types. A child may be counted in several different service types.

Non-SMHS provided through non-EPSTD-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

## Section V: Children/Youth in Foster Care - SMHS Utilization

This section presents SMHS data on the subset of children and youth with an open child welfare case who also resided in an out-of-home placement (in foster care) at some point during the time period under review. *Note: In this section, the penetration rates (n=41,667) and engagement rates (31,154) exclude children who were in foster care at some point during the time period but did not receive a SMHS while in care and instead received a SMHS while at home. These children represent a relatively small portion of children in foster care: 1,798 children received their SMHS while they were in their homes.*

### Children/Youth in Foster Care: Penetration Rates and Engagement by Age Groups

As noted above, an additional age breakout category was added in this report (compared to POS reports) to capture variation in claims for children ages 0-2 and 3-5. As shown in Table 5, a greater proportion of school age and adolescent children (age 6-11 and 12-17) received one or more days of SMHS (penetration rates are 60.2 percent and 63.3 percent, respectively) when compared to children ages 0-2 (24.5 percent), 3-5 (43.3 percent), and 18-20 (30.5 percent). Of the 41,667 children who had a claim for SMHS, **74.8 percent** (31,154) had **five or more** days of SMHS claims.

**Table 5: Specialty Mental Health Services by Age Group for Children in Foster Care – SFY 2014-15<sup>1</sup>**

Child Age <sup>2</sup>	Total # of Children	Percent by Age	Children with 1+ Days of SMHS	Percent by Age	Penetration Rate	Children with 5+ Days of SMHS	Percent by Age	Engagement Rate
0-2	17,574	19.9%	4,306	10.3%	24.5%	2,206	7.1%	12.6%
3-5	14,286	16.2%	6,190	14.9%	43.3%	4,220	13.6%	29.5%
6-11	21,235	24.1%	12,778	30.7%	60.2%	9,855	31.6%	46.4%
12-17	23,424	26.6%	14,829	35.6%	63.3%	12,004	38.5%	51.3%
18-20	11,668	13.2%	3,564	8.6%	30.5%	2,869	9.2%	24.6%
<b>Total</b>	<b>88,187</b>	<b>100%</b>	<b>41,667</b>	<b>100%</b>	<b>47.2%</b>	<b>31,154</b>	<b>100%</b>	<b>35.3%</b>

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

<sup>2</sup> Child age was calculated as of the last date of service for those with a SMHS claim, and as of the latest Medi-Cal eligibility month for those without a SMHS claim.

Non-SMHS provided through non-EPSDT-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

### Children/Youth in Foster Care: Penetration Rates and Engagement by CDSS Race/Ethnicity

Similar to the findings for the larger group of children with an open child welfare case, children in foster care with SMHS claims did not differ greatly by ethnicity.

Note: the race/ethnicity estimates below differ from those in the POS reports due to differences in collection methods for race/ethnicity used by CDSS as compared to DHCS.

**Table 6: Specialty Mental Health Services by Race/Ethnicity for Children in Foster Care – SFY 2014-15<sup>1</sup>**

Race/ Ethnicity <sup>2</sup>	Total # of Children	Percent by Race/ Ethnicity	Children with 1+ Days of SMHS	Percent by Race/ Ethnicity	Penetration Rate	Children with 5+ Days of SMHS	Percent by Race/ Ethnicity	Engagement Rate
Black	18,736	21.3%	9,587	23.0%	51.2%	7,440	24.0%	39.7%
White	20,322	23.0%	9,050	21.7%	44.5%	6,730	22.0%	33.1%
Latino/ Hispanic	45,904	52.1%	21,637	51.9%	47.1%	15,988	51.4%	34.8%
Asian	1,938	2.2%	874	2.1%	45.1%	651	2.1%	33.6%
Native American	1,105	1.3%	426	1.0%	38.6%	307	1.0%	27.8%
Missing	182	0.2%	93	0.2%	51.1%	38	0.1%	20.9%
<b>Total</b>	<b>88,187</b>	<b>100%</b>	<b>41,667</b>	<b>100%</b>	<b>47.2%</b>	<b>31,154</b>	<b>100%</b>	<b>35.3%</b>

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

<sup>2</sup> Race/ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

Non-SMHS provided through non-EPSTD-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

### **SMHS Utilization by CWS Placement Type**

As noted previously, 88,187 children with an open child welfare case were in foster care during this time period and of these children, 41,667 received an SMHS. Utilization rates differed by placement type for children in foster care. A higher proportion of children in group homes received SMHS (72.8 percent) than children in other placements (see Table 7). More than half of children placed in foster family homes received one or more SMHS during this time period.

**Table 7: Specialty Mental Health Services by Placement Type – SFY 2014-15<sup>1</sup>**

Placement Type <sup>2</sup>	Children in Foster Care	# of Children with One or More SMHS while in Foster Care	Penetration Rate
Group Home	9,175	6,680	72.8%
County Shelter/Receiving Home	342	249	72.8%
Foster Family Agency Certified Home	21,678	12,273	56.6%
Foster Family Home	6,552	3,915	59.8%
Relative/NREFM Home	28,617	14,356	50.2%
Guardian Home	2,485	815	32.8%
Court Specified Home	404	117	29.0%
Pre-Adoptive	9,333	1,018	10.9%
Supervised Independent Living Placement	5,690	911	16.0%
Non-Foster Care	1,367	624	45.6%
Missing	746	709	95.0%
Received SMHS while in Foster Care at Some Point During Time Period	86,389	41,667	
In Foster Care at Some Point During Time Period but Received SMHS While In Home	1,798		
<b>Total</b>	<b>88,187</b>	<b>41,667</b>	<b>47.2%</b>

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

<sup>2</sup> Placement Type was determined by identifying the child's placement as of the last date of service for those with a SMHS claim, and the child's last placement during the time period for those without a SMHS claim.

Non-SMHS provided through non-EPSTD-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

**Children/Youth in Foster Care: SMHS Utilization by Type of Service**

According to claims data, 96.5 percent of the 41,667 children who received SMHS received a Mental Health Services service type. A large percentage of children received Case Management services (42.1 percent) and Medication Support Services (26.8 percent; see Table 8).

**Table 8: Specialty Mental Health Service by Types for Children in Foster Care – SFY 2014-15<sup>1</sup>**

SMHS Types <sup>2</sup>	# of Children with One or More SMHS while in Foster Care <sup>3</sup> (41,667)	% of Children with One or More SMHS
Mental Health Services (MHS)	40,193	96.5%
Case Management	17,519	42.1%
Medication Support	11,180	26.8%
Intensive Case Coordination (ICC)	6,784	16.3%
Intensive Home Based Services	4,875	11.7%
Crisis Intervention	2,679	6.4%
Therapeutic Behavioral Services (TBS)	2,475	5.9%
Inpatient	1,530	3.7%
Crisis Stabilization	1,481	3.6%
Day Rehabilitation	750	1.8%
Day Treatment	356	0.9%
Psychiatric Health Facility (PHF)	124	0.3%
Crisis Residential	45	0.1%
Adult Residential	*	*

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

<sup>2</sup> For description of SMHS Types see the [Medi-Cal SMHS Supplement Document](#).

<sup>3</sup> Child count is unduplicated within each service type but may be duplicated across service types. A child may be counted in several different service types.

Values of 10 or under are suppressed.

Non-SMHS provided through non-EPSTD-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

**Children/Youth in Foster Care: Access to Services by Time Spent in Out-of-Home Care**

In general, children residing in out-of-home care for different time periods had similar SMHS utilization rates. Almost half of the children in out-of-home care for one year or less had received a SMHS (0-6 month – 43.9 percent; 7-12 months – 56.6 percent). For children in care for 2 years or more, utilization rates ranged from 39.9 percent to 46.5 percent (see Table 9).

**Table 9: Specialty Mental Health Services by Length of Stay for Children in Foster Care – SFY 2014-15<sup>1</sup>**

Length of Stay in Foster Care <sup>2</sup>	Total # of Children	Percent	Children with 1+ Days of SMHS	Percent	Penetration Rate
0-6 Months	21,375	24.2%	9,392	22.5%	43.9%
7-12 Months	16,652	18.9%	9,430	22.6%	56.6%
13-24 Months	22,314	25.3%	10,428	25.0%	46.7%
25-36 Months	10,476	11.9%	4,674	11.2%	44.6%
37-48 Months	5,320	6.0%	2,472	5.9%	46.5%
49-60 Months	3,105	3.5%	1,390	3.3%	44.8%
61-120 Months	5,764	6.5%	2,612	6.3%	45.3%
121 Months or More	3,181	3.6%	1,269	3.1%	39.9%
<b>Total</b>	<b>88,187</b>	<b>100%</b>	<b>41,667</b>	<b>100%</b>	<b>47.2%</b>

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on October 17, 2016.

<sup>2</sup> Length of stay is calculated from the start of the most recent foster care episode through the end of the episode or end of the review period (June 30, 2015) if the episode did not end.

Non-SMHS provided through non-EPSTD-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

### ***Children/Youth in Foster Care: SMHS Utilization for Foster Care Children/Youth Who Have a Paid Claim for a Psychotropic Medication***

Statewide efforts have focused on examining the use of psychotropic medications to treat children in foster care. This report provides data regarding the utilization of SMHS by children ages 0-17 in foster care who had Medi-Cal paid claims for psychotropic medications. It should be noted that SMHS claims data include the various types of services listed in Tables 4 and 8.

As illustrated in Table 10 below, psychotropic medication claims were paid for 10,558 children and youth in foster care. Of these children, 8,722 (82.6 percent) also had a claim for a SMHS during the same time period. Of all the children who received a paid claim for a psychotropic medication, 4,334 children received at least one paid claim for an antipsychotic medication, while the remaining received a paid claim for other drug classes of psychotropic other than antipsychotic. Of the children for whom a claim for antipsychotic was paid, 85.2 percent (3,691) received a corresponding SMHS.

**Table 10: Utilization of Specialty Mental Health Services for Children<sup>1</sup> in Foster Care with a Paid Claim for Psychotropic Medication<sup>2</sup> – SFY 2014-15**

Medication Type	Children in Foster Care with a Paid Claim for Psychotropic Medication <sup>3</sup>	# of Children with One or More SMHS	Penetration Rate
<b>All Psychotropic</b>	<b>10,558</b>	<b>8,722</b>	<b>82.6%</b>
Antipsychotic <sup>4</sup>	4,334	3,691	85.2%
Other Psychotropic <sup>5</sup>	6,224	5,031	80.8%

<sup>1</sup> Unduplicated children ages 0-17 were included.

<sup>2</sup> Data source: CWS/CMS 2016 Q3 Extract and MIS/DSS November 2016 Extract

<sup>3</sup> Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

<sup>4</sup> Children who received at least one paid claim for an antipsychotic medication.

<sup>5</sup> Number of children who received a paid claim for other drug classes of psychotropic medications exclusive of antipsychotic medications.

Non-SMHS provided through non-EPSTD-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

### **Children/Youth in Foster Care: Timeliness of SMHS Utilization for Children/Youth Who Have a Paid Claim for a Psychotropic Medication**

The length of time between a paid claim for medication and a SMHS claim was calculated to explore the extent to which children received SMHS in conjunction with their receipt of psychotropic medication. The majority of children (96.6 percent) had a SMHS claim submitted within 30 days of their psychotropic medication claim (see Table 11).

**Table 11: Number of days between a Paid Claim for Psychotropic Medication and a Specialty Mental Health Service<sup>2,3</sup> - SFY 2014-15**

<b>Number of Days</b>	<b># of Children<sup>1</sup> with a Paid Claim for Psychotropic Medication with One or More SMHS</b>	<b>Percent</b>
30 days or less	8,429	96.6%
31-60 days	103	1.2%
61-90 days	62	0.7%
91-120 days	35	0.4%
121-365 days	93	1.1%
<b>Total</b>	<b>8,722</b>	<b>100.0%</b>

<sup>1</sup> Unduplicated children ages 0-17 were included.

<sup>2</sup> Data source: CWS/CMS 2016 Q3 Extract and MIS/DSS November 2016 Extract

<sup>3</sup> Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

Non-SMHS provided through non-EPSDT-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

## **Section VI: Conclusion**

This report presents a preliminary analysis of SMHS utilization of children with open child welfare cases. The results suggest that a substantial percentage of children (41.7 percent) receive at least one SMHS, and the majority of these children (73.5 percent) receive five or more days of SMHS claims. Differences in service utilization by demographic characteristics were minimal, however, a greater proportion of children ages 6-17 received SMHS; fewer very young children and older adolescents received services. Further, a greater proportion of children in group homes received services than children in other placements. This report represents an initial effort to characterize services for children in the CWS.

## SYSTEM CHANGES

The following chart reflects changes to the Child Welfare Services/Case Management System (CWS/CMS) and licensing systems needed to implement CCR. Changes to these systems include what is necessary for the automation of foster care payments.

System	Current Status	Next Step	Next Step Due Date	Completion
CWS/CMS	Business requirements are being developed for an expedited release April 1 which will add the four levels of home based family care rates into the system as well as information for general documentation of CFTs	Concurrently working on the sizing for a July 2017 release	April 1, 2017	
LIS/FAS	Working on items that were not priority for Jan 1, 2017	Preparing for the addition of the Temporary Care Shelter Facility; cleaning up minor issues	April 1, 2017	
FFA web app	In production. Made four additional changes requested for the Web app. A warning page was added to alert people to be make the correct choice between resource family home and county licensed home.	Cleaning up minor issues;		
SAWS	Phase 1 has been completed and implemented in all three of the SAWS	Workgroups are ongoing to finalize the policy for Phase 2 automation and implementation. All SAWS are working to program the system changes	December 2017	
LAARS	County and other user testing of the updated database is occurring and will continue through late February.	An ACIN is in development regarding the new policies for uploading RFA Notice of Actions	April 1, 2017	
Administrator Certification System	New program type was added to demographics. 95% done with the coding	Currently testing	March 15, 2017	

## TRANSITION OF PROVIDERS TO THE CCR SERVICE MODEL

The first chart displays applications received for providers who have not previously had a license. The following charts represent the work toward transitioning group homes to STRTPs and FFAs preparing for RFA.

### Applications for licensure by **NEW** providers

Timeframe: December 15, 2016- February 8, 2017			January 1 – December 15, 2016	
Provider Type	Applications for Licensure	Licenses Issued	Applications for Licensure	Licenses Issued
STRTP	0	0	N/A	N/A
Group Home	9	pending	39	39
Foster Family Agency	1	pending	20	19
Temporary Shelter Care Facility	0	0	N/A	N/A

### Program statements/applications submitted for approval by provider type

Regional Office	FFA - Number of Program Statements submitted for RFA	Number of program statements reviewed	Number of FFAs approved for RFA	STRTP – Number of applications Received	STRTP – number of program statements approved
Sacramento	32	4	2	12	
San Jose	52	21	1	22	
Riverside	52	8	1	0	
Monterey Park	50	15	7	0	
Culver City				2	1
<b>Total</b>	<b>186</b>	<b>48</b>	<b>11</b>	<b>36</b>	<b>1</b>

### Group home license extensions

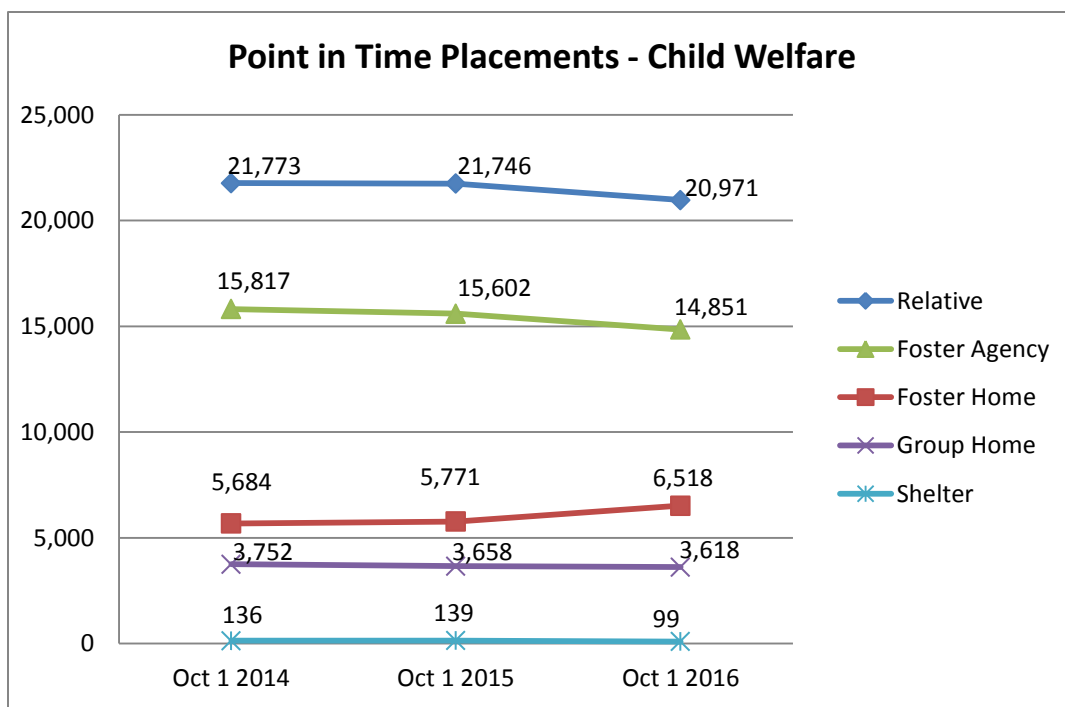
Agency Requested	Extensions requested	Extensions approved	Capacity	Extension denied	Capacity	Primary Reasons for Extension
Child Welfare	214	213	2,477	1	6	Transition
Probation	93	93	1,091	0	0	Transition
Total number	307	306	3,568	1	6	

## CHILD OUTCOMES

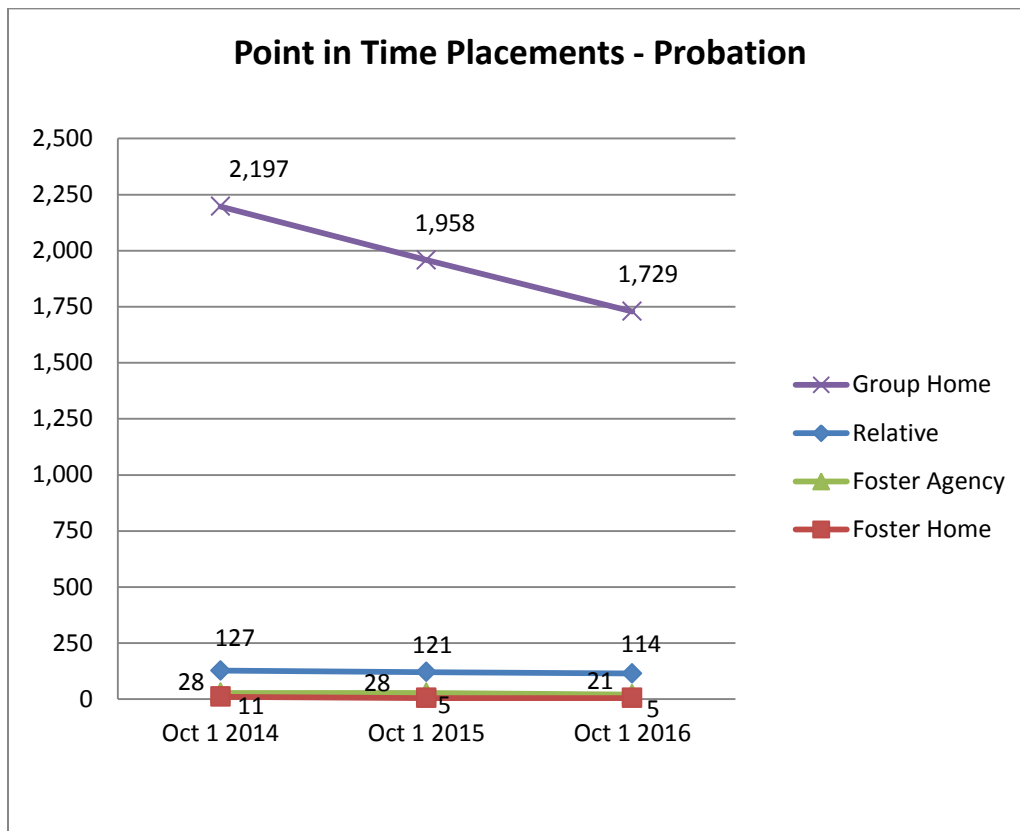
The following charts show the numbers of children, **ages 0-21**, in the identified placement type on October 1 2014, 2015 and 2016. Not all placements types are included therefore this does not total the foster care population. As CCR is targeting the reduction of congregate placements and movements to lower levels of care, those placements were included. These charts are to establish placement baseline data. Placement data for 2017 will not be available until at least June 2017.

The data shows a 12% decrease in the group home probation placement point in time data from July 1, 2015 to July 1, 2016. The child welfare group home placements remained stable between those data points. The decrease in group home placements is likely due to the overall 20% decrease in the total probation population from 2015 to 2016 (data not displayed). Other probation placement types not shown in the chart also show sharp decreases in usage due to less youth being in foster care.

There is a small decline in relative placements from 2015 – 2016; however, there is a similar increase in Foster Family Home placements. This is largely explained by RFA as all RFA placements, including relatives are captured in CWS/CMS as a Foster Home placement. Resource Family Homes have been added into CWS/CMS. The Resource Family Home category in CWS/CMS will be available at a later date.

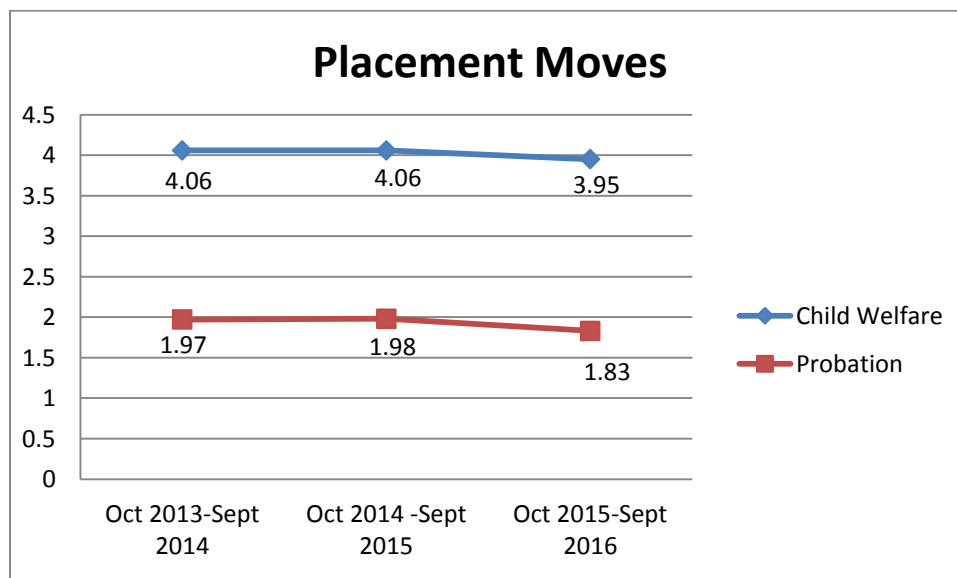


Data source: CWS/CMS 2016 Quarter 3 extract, California Child Welfare Indicators Project, University of California at Berkeley



Data source: CWS/CMS 2016 Quarter 3 extract, California Child Welfare Indicators Project, University of California at Berkeley

The following chart shows the average number of placement moves per child by agency per year. This is a federal measure.



Data source: CWS/CMS 2016 Quarter 3 extract, California Child Welfare Indicators Project, University of California at Berkeley

The first two charts below were included in the last update. The information in the charts is updated quarterly and new numbers will not be available until March. The first chart shows point in time data for group home placements by Rate Classification Level (RCL), stratified by age and race. The second chart shows placements for children who have been in a group home for 365 of the last 400 days. We have also added a third chart that was not part of the last update. It includes information on out-of-state placements, broken out by state.

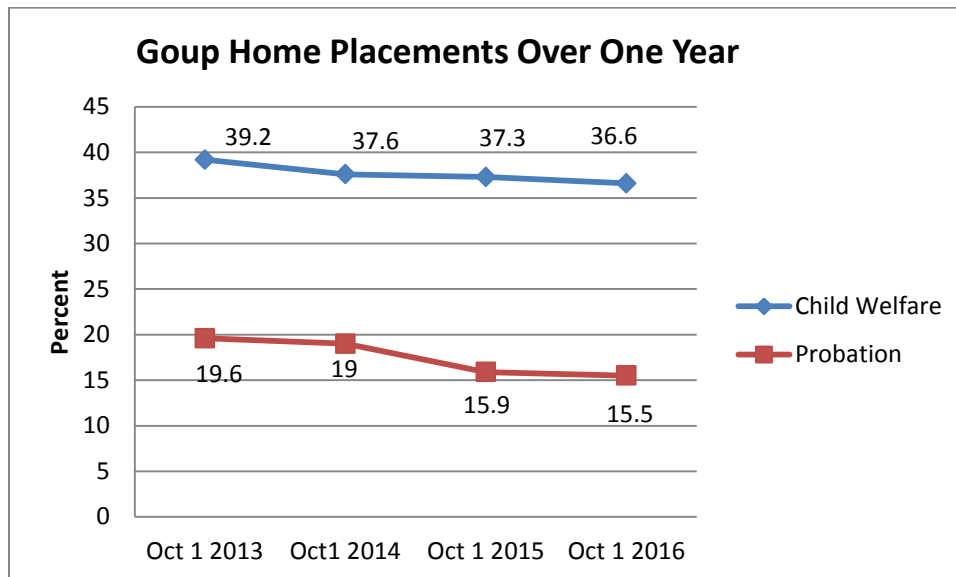
Point in Time: October 1, 2016											
Agency	RCL	Age			Total	Race					
		0-10	11-15	16-17		Asian/ PI	Black	Hispanic	Native American	White	Unknown
Child Welfare	5-9	13	92	122	227	6	64	91	2	63	1
	10-11	69	388	437	894	12	288	354	9	226	5
	12-14	225	958	762	1,945	40	657	733	17	495	3
CW Totals		307	1,438	1,321	3,066	58	1,009	1,178	28	784	9
Probation	5-9	0	5	8	13	0	2	3	0	8	0
	10-11	0	126	332	458	5	111	240	6	90	6
	12-14	0	265	571	836	17	210	442	6	153	8
Prob. Totals		0	396	911	1,307	22	323	685	12	251	14
Totals		307	1,834	2,232	4,373	80	1,332	1,863	40	1,035	23

RCL 12-14 Greater Than One Year, Point in Time: October 1, 2016										
Agency	Age			Total	Race					
	0-10	11-15	16-17		Asian/ PI	Black	Hispanic	Native American	White	Unknown
Child Welfare	45	343	278	666	17	240	286	10	230	1
Probation	0	34	84	118						
Totals	45	377	362	784	17	240	286	10	230	1

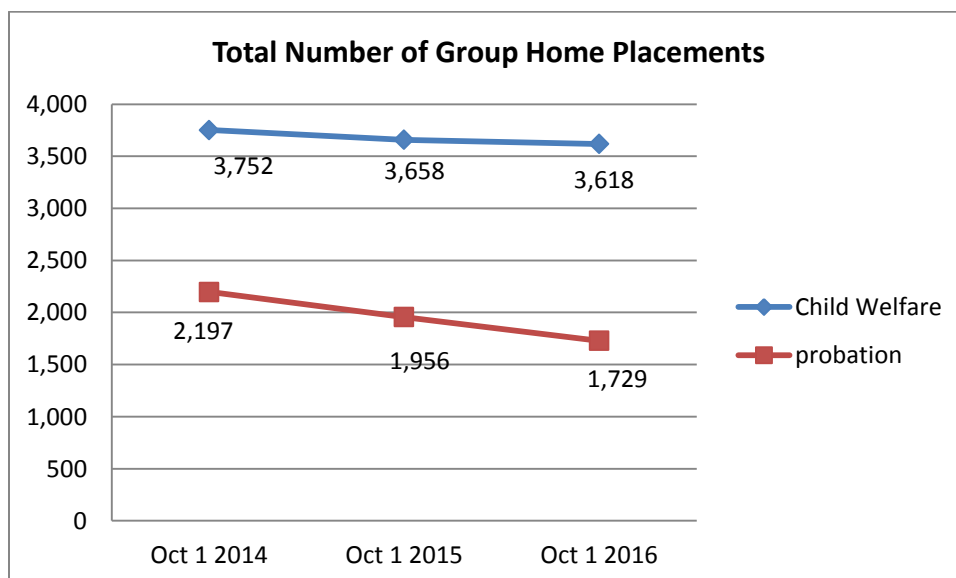
Out of State Placements by Point in Time (PIT) 10-1-16														
	AZ	CO	FL	IA	MI	NV	OR	PA	TX	UT	VA	WI	WY	Total
PIT	12	0	8	97	43	39	3	53	5	21	4	0	7	292

This chart below shows the percent of youth (0-21) placed in a group home on Oct 1 who had been in a group home for at least one year by child welfare and probation. Note: even though the **above** chart only includes age 0-17, over 270 older youth are also placed in group homes and larger proportions of that age group have been in group home for over a year – 66% in 2016.

Both agencies show a four percent decline over time in placements longer than one year. However, the second chart shows in Child Welfare the total number of placements in group homes (regardless of length of time) remained stable from 2013 to 2016 (3.5% decrease) in contrast to Probation placements which declined by 21%. Probation has seen an overall decline of 28% of youth in foster care in the same time frame, using point in time data.



Data source: CWS/CMS 2016 Quarter 3 extract, California Child Welfare Indicators Project, University of California at Berkeley



Data source: CWS/CMS 2016 Quarter 3 extract, California Child Welfare Indicators Project, University of California at Berkeley

## **COUNTY COSTS/SAVINGS**

The CFL 16/17-43 entailed the reconciliation methodology. The CA 800 (Assistance Claim) has been modified to track costs/savings on a separate tab using information inputted into the assistance claim. For administrative costs, program codes have been created to track expenditures. The CDSS will continue to meet with CWDA and CPOC regularly as data comes in and with DHCS as needed.

The CCR General Fund Allocations are on-going (as necessary) and administrative costs will be tracked using a separate ledger for County Welfare Departments and County Probation Departments.

- ✓ FPRRS - CFL 16/17-34 informs CWDs and CPDs of the final FY) 2016-17 Foster Parent Recruitment, Retention and Support (FPRRS) program award based on the Budget Act of 2016.
- ✓ RFA - CFL 16/17-45 informs CWDs and CPDs of the FY 2016-17 Resource Family Approval program planning allocation in the amount of \$7.6 million GF.
- ✓ Second Level Review – This allocation is currently in discussion with CWDA to determine the claiming mechanics of these funds. A CFL will be forthcoming. The funding amount for this allocation is in the amount of \$23,000 GF.

### **County Fiscal Letters (CFLs)**

The following CFLs have been released since the last update. The first three are regarding claiming instructions while the fourth is an allocation CFL:

#### [CFL 16-17-43 \(December 29, 2016\)](#)

Continuum Of Care Reform Assistance Reconciliation Methodology

#### [CFL 16-17-41E \(January 25, 2017\)](#)

Errata To Continuum Of Care Reform (CCR) Home Based Family Care Rate Phase I Claiming Instructions

#### [CFL 16-17-41 \(December 19, 2016\)](#)

Continuum Of Care Reform (CCR) Home Based Family Care Rate Phase I Claiming Instructions

#### [CFL 16-17-45 \(January 5, 2017\)](#)

Fiscal Year 2016-17 Continuum Of Care Reform Resource Family Approval Program Allocations For County Welfare And Probation Departments

## TRAINING

The Training Support Unit is in the final stage of processing an ACIN that summarizes recent and upcoming CCR related trainings. The ACIN should go out to counties in March and will cover the following:

- Four-day overview trainings of RFA for child welfare services and probation staff directly involved in the RFA program
- Probation officer training for CCR related changes
- Foster Parent Training continues to be offered through the Community Colleges with the Foster Kinship Care Education (FKCE)
- The Training Support Unit is currently working to secure a vendor to provide online training for resource families statewide. This will provide unlimited 24-hour access to training for all families and will work in conjunction with FKCE
- National Adoption Competency Mental Health Training Initiative will provide online resources to Resource Families who have children with mental health needs
- Training related to the TOP and CANS pilots

Additionally, the unit is in the early stages of developing a request for proposal (RFP) for training community care providers in STRTPs. They are looking to begin providing services by mid-2019.

## UPCOMING MEETINGS

CCR related meetings and presentations currently scheduled for the next few months. New meetings are added regularly. For a complete list of upcoming meetings, please visit the [CCR website](#).

Date	Location/Type of Presentation	Audience	Host	Overview
2/17/17	Workgroup	Stakeholders	CDSS	Development of the Youth Satisfaction Survey
2/27/17	Provider Performance Executive Committee	Invitation Only	CDSS	Formation of the executive committee to guide the creation of Provider performance measures and outcomes. Workgroup to follow INVITATION ONLY
3/1/17 10:00-11:30	Conference Call	Stakeholders	CDSS & DHCS	Integrated Practice Technical Assistance Call
3/14/17 9:30-2:30	Meeting CDSS Auditorium	Stakeholders	CDSS	Probation Workgroup INVITATION ONLY
3/16/17 11:00-3:00	Meeting CBHDA	Committee Members	CBHDA	Children's System of Care Committee INVITATION ONLY
3/16/17 3:00-5:00	Meeting CBHDA	CDSS, DHCS, CWDA, CPOC, CBHDA, CSAC, CDE	CDSS/ CBHDA	State/County Implementation Team INVITATION ONLY
3/20/17	Southern CWDA meeting	Southern CWDA Counties	Southern CWDA	RFA Southern Counties Workgroup INVITATION ONLY
3/22/17	Meeting	Stakeholders	CIBHS	Therapeutic Foster Care (TFC) Implementation Committee INVITATION ONLY
4/5/17 10:00-11:30	Conference Call	Stakeholders	CDSS & DHCS	Integrated Practice Technical Assistance Call
4/20/17 11:00-3:00	Meeting CBHDA	Committee Members	CBHDA	Children's System of Care Committee INVITATION ONLY